

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



**Effective on 12/08/2004.**  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT: \$635

**Complete if Known**

Application No.  
Filing Date  
First Named Inventor  
Examiner Name  
Art Unit

10/533,108  
w/effective filing date of 10/16/03  
Josef WEILAND  
Bryan R. MULLER  
3723

Attorney Docket No.

LORWER P37AUS

**METHOD OF PAYMENT (check all that apply)**

- Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_
- Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS BUJOLD & DANIELS, P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below  Charge fee(s) indicated below except for the filing fee
- Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (4)</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<u>Total Claims</u> -20 or HP = <u>Extra Claims</u> x <u>Fee (\$)</u> = <u>Fee Paid (\$)</u>		<u>Multiple Dependent Claims Fee (\$)</u> <u>Fee Paid (\$)</u>
<u>Indep. Claims</u> -3 or HP + <u>Extra Claims</u> x <u>Fee (\$)</u> = <u>Fee Paid (\$)</u>		

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>No. of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
	-100 =	/ 50 = (round up to a whole number) x		

**4. OTHER FEE(S)**

Request for Continued Examination (SMALL) . . . . .	\$405
Request for 2-month Extension of Term (SMALL) . . . . .	230

**SUBMITTED BY**

Signature		Telephone (603) 226-7490
Name (Print/Type)	Scott A. DANIELS	Registration No. (Atty/Agent) 42,462
		Date: March 28, 2008

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# TRANSMITTAL FORM

*(to be used for all correspondence after initial filing)*

Total No. of Pages in this Submission: **21**

Application Number	<b>10/533,108</b>	
Confirmation Number	<b>4794</b>	
Filing Date	<b>w/effective filing date of October 16, 2003</b>	
First Named Inventor	<b>Josef WEILAND</b>	
Group Art Unit	<b>3723</b>	
Examiner Name	<b>Bryan R. MULLER</b>	<b>Fax: (571) 273-8300</b>

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form . . . . . [2]	<input type="checkbox"/> Assignment papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee attached - Check \$635	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Response . . . . . [14]	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <i>(DELETED - no longer useful)</i>	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Petition	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request . . . . [2] <i>(in Duplicate)</i>	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Postcard
<input type="checkbox"/> Information Disclosure Stmt	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Part/s Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

## REMARKS

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Scott A. DANIELS DAVIS BUJOLD & DANIELS, P.L.L.C.	Reg. No. 42,462 CUSTOMER NO. 020210
Signature		
Date	March 28, 2008	

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on March 28, 2008

Signature		Date: March 28, 2008 (LFB)
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